

## **Zero Income Report**

All members of a household aged 18 and older must complete the following assessment, In addition to signing a Monthly Zero Income Statement.

This assessment and statement must be completed monthly; failure to do so each month will be considered a missed appointment. Three missed appointments can result in termination from Section 8 Rental Assistance.

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Income Sources: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Answer all questions. Any blank answers may delay the processing of your interim changes. You will be contacted to answer any question left blank. **Source refers to how you are paying for a specific bill or who is paying it for you.**

Does anyone outside your Household pay any of your bills or give you money? YES/NO

If yes, who? \_\_\_\_\_

Amount per month: \_\_\_\_\_

Do you own a car? YES/NO

If yes, are you making car payments: \_\_\_\_\_

If no, who pays this: \_\_\_\_\_

Amount per month: \_\_\_\_\_

Source: \_\_\_\_\_

Do you have insurance for the car? YES/NO

If yes, are you paying your insurance: \_\_\_\_\_

If no, who pays this: \_\_\_\_\_

Amount per month: \_\_\_\_\_

Source: \_\_\_\_\_

Do you purchase gas for the car? YES/NO

Amount per month: \_\_\_\_\_

Source: \_\_\_\_\_

Do you have transportation expense (bus, cab, etc.? YES/NO

Amount per month: \_\_\_\_\_

Source: \_\_\_\_\_

Do you have a phone, cell phone, or pager? YES/NO

Amount per month: \_\_\_\_\_

Source: \_\_\_\_\_

Do you pay any utilities? YES/NO

Amount per month: \_\_\_\_\_

Source: \_\_\_\_\_

**Do you purchase Groceries? YES/NO**

**Amount per month:** \_\_\_\_\_

**Source:** \_\_\_\_\_

**Do you smoke? YES/NO**

**Amount per month:** \_\_\_\_\_

**Source:** \_\_\_\_\_

**Do you purchase Feminine Hygiene products? YES/NO**

**Amount per month:** \_\_\_\_\_

**Source:** \_\_\_\_\_

**Do you purchase personal hygiene items (soap, deodorant, toothpaste, etc)? YES/NO**

**Amount per month:** \_\_\_\_\_

**Source:** \_\_\_\_\_

**Do you purchase clothing? YES/NO**

**Amount per month:** \_\_\_\_\_

**Source:** \_\_\_\_\_

**Are you purchasing Cleaning supplies? YES/NO**

**Amount per month:** \_\_\_\_\_

**Source:** \_\_\_\_\_

**Do you purchase school items (pencils, paper, etc.)? YES/NO**

**Amount per month:** \_\_\_\_\_

**Source:** \_\_\_\_\_

**I/we understand that income means any money earned whether paid in cash, household items, or for odd jobs. This needs to be reported to the Campbell County Department of Housing in order to assess actual household income. Failure to report any type of income is Fraud and is a Criminal offense under federal and local law.**

**I/we certify the information provided above is correct and accurate to the best of my knowledge. I/we understand the CCDH may verify this information as deemed necessary.**

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Signed

Date

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Signed

Date

**CAMPBELL COUNTY DEPARTMENT OF HOUSING**

**1098 MONMOUTH STREET  
NEWPORT, KY 41072  
(859) 261-5200  
Fax: (859) 261-0577**

**ZERO INCOME STATEMENT**

I, \_\_\_\_\_, certify that I am not earning or receiving money from any source either earned or unearned (examples: unemployment, K-tap, child support, workers compensation, social security, or odd jobs) at this time. I understand that I must re-certify this statement every thirty days (30) to remain eligible for the rental assistance program.

I certify that the statement above is true and complete to the best of my knowledge and belief. I understand that giving false statements and information could result in the termination of my Section 8 benefits and is also punishable under Federal Law.

I understand that failure to report for three (3) consecutive or non-consecutive months could lead to termination of assistance.

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_

NEXT SCHEDULED REVIEWAL: \_\_\_\_\_